

JUDGMENT DEBTOR(S)'S MOTION RETURN/RELEASE
OF WAGES EXEMPT FROM GARNISHMENT;
NOTICE OF MOTION; CERTIFICATE OF SERVICE;
GARNISHMENT CALCULATION WORKSHEET; EXHIBIT "A"

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

JUDGMENT DEBTOR(S)'S MOTION

FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT

Filing Party(ies) moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:

1. ☐ The amount garnished or withheld was excessive as the ☐ Federal Law ☐ State Law was more favorable to the filing party.

2. ☐ The Garnishee should have deducted \$_____, rather than \$_____ according to the Garnishment Calculation Worksheet, and a copy of applicable pay stub attached as Exhibit "A".

3. ☐ Duplicate receipts were not provided to the employer/garnishee as required by Hawai'i Revised Statutes Section 652-14.

4. ☐ Other (specify) _____

Date:	Signature of Judgment Debtor(s)'/Declarant: Print/Type Name:
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NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address checked on the reverse side on _____, _____, 200____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

COURT ADDRESSES

☐ Honolulu Division

1111 Alakea Street, 10th Floor, Honolulu, Hawai'i 96813

☐ 'Ewa Division

870 Fourth Street, Pearl City, Hawai'i

☐ Ko'olaupoko OR Ko'olaupoko Division

46-201 Kahuhipa Street, Kāne'ohe, Hawai'i

☐ Wahiawā OR Waialua Division

1034 Kilani Avenue, Wahiawā, Hawai'i

☐ Wai'anae Division

87-1784 Farrington Highway, Nānākuli, Hawai'i

Mailing address for the above Courts: **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Judgment Creditor:

Employer/Garnishee

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE



I DO NOT OBJECT to this Motion.



I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Judgment Creditor:

Employer/Garnishee

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.